

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>New American Jobs Fund</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00625533       </div>		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee <b>Waterfront Strategies</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016		
Mailing Address 3050 K St NW Ste 100			Amount 4359.69		
City Washington	State DC	Zip Code 20007-5161	Transaction ID : E74361F0CCD0741959BD		
Purpose of Expenditure TV Ad Production		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Blunt, Roy, , Rep.,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>League of Conservation Voters, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016		
Mailing Address 1920 L St NW Ste 800			Amount 37.89		
City Washington	State DC	Zip Code 20036-5045	Transaction ID : ED7377A434C01481BB16		
Purpose of Expenditure Staff Time for Press Release		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2016		
Name of Federal Candidate Blunt, Roy, , Rep.,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			4397.58		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Collins, Patrick, , , Signature		[Electronically Filed]		Date MM / DD / YYYY 11 / 02 / 2016	

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NAME OF COMMITTEE (In Full) <b>New American Jobs Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00625533	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 01 / 2016</b>	
Mailing Address 3050 K St NW Ste 100		Amount 943718.00	
City Washington	State DC	Zip Code 20007-5161	Transaction ID : E9F1705E3972E46189BE
Purpose of Expenditure TV Ad Buy	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 01 / 2016</b>	
Name of Federal Candidate Blunt, Roy, , Rep.,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MO</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	943718.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....▶	948115.58

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Collins, Patrick, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 02 / 2016**

Signature